1.

Participant must provide all of the information below in English: 48

Participant's contact information, including email address, and that of its counsel,

Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Title (if Participant is not an individual)

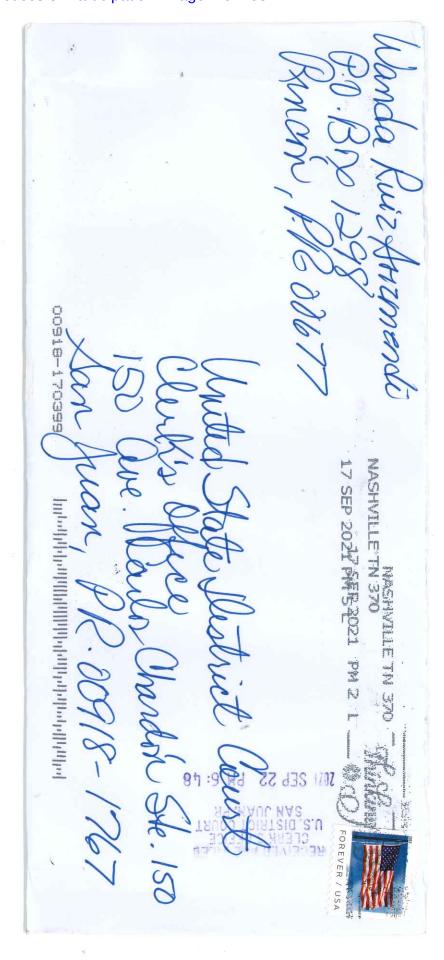
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United State District Court
Clert's Office Chardon
150 Ave. Carles Chardon
Ste 150 pp. 00918-1767

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Participant must provide all of the information below in English:
1. Participant's contact information, including email address, and that of its counsel, if any: Participant's Name: Participant's Address: Participant's Email Address: Wanda.ru'z. 1963 @ gmail. com
Name of Counsel:
Address of Counsel: Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 333 Z
Nature of Chain!) Pengion/refiree dain
By: Signature War Anzmendi Print Name
Title (if Participant is not an individual) September 10, 2021



Participant must provide all of the information below in English:

on soan, pr
1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Lewis Hernéndet Jivan
Participant's Address: Apartico 1234, Lores P.R. 00669
Participant's Email Address: elgrito23@yahoo com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: #1702
Nature of Claim: 1 Dept. Educaion / Lay & Reh & Marshus)
By: Jack Ha Drac
Signature
Zaida Hernondet Jivay
Print Name
Title (if Participant is not an individual)
August, 15th 2021
Date

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc: Pro se Notices of Participation Page 7 of 133

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

11 any:	22 PM 6: 40
Participant's Name:	Sandra E. Rivera Ponce De Lion
Participant's Address:	HC-03 BOX12465 Carolina P.R. 00987
Participant's Email Address:	sandradexmare egmail-com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	12518
Signature	Employees Retirement system of the Common wealth of Prevento Rica was Ponce & Luón
Title (if Participant is r 20 - Agoslo - r Date	

CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 9 of 133

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	Carlos 1.	SiMane	.111	orre	2000
Participant's Address:	Urb. Villa de	el Bey 2 8	Has Cale	Sales P.	7-26
Participant's Email Add	ress: Carlos r Sim	onettiegi	Mail.com		6218
Name of Counsel:				<u> </u>	
Address of Counsel:					
Email Address of Couns		www			
2. Participar	nt's Claim number and the	nature of Participant	's Claim:		
Claim Number:	3361	3			
Nature of Claim:	notice of	at traine	- Portie	ston	
By:	Si HONETTI	PROMES	ATITU	FIV	1
Signature	C 77	TANNE	-A 32	83 2	13
Carlos K	SI MONEI II	1011			
Print Name					三流
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Title (if Participa	ant is not an individual)			23	三艺态品
08/	12/2021			70	
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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Bosita Laboy Cruz
Participant's Address:	P-0 Box 840 Lajas, PB-00667
Participant's Email Address: _	jacinta 4672 @ g. mail. Com
Name of Counsel:	TA .
Address of Counsel:	NA
Email Address of Counsel:	- P
2. Participant's Claim Number:	aim number and the nature of Participant's Claim:
Nature of Claim:	T: +le 111
By: Results Laber Signature	Cz .
Bosita Lab	EY CVUZ *
	- 1
Title (if Participant is no	ot an individual)
7 de sept	conbre de 2021

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc SRF 55923 Pro se Notices of Participation Page 13 of 133

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

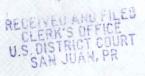
if any: Rivera Salgado, Ednal. Participant's Name: Participant's Address: Participant's Email Address: rivera edna luz Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 370 Claim Number: Nature of Claim: Title (if Participant is not an individual)

Edna L. Rivera Dalgado He 46 Bot 5846 Donado, P.R. 00646-9796 00918-170825 f. R 00918-1767

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name: Rosa M. Rodriguez Mate	05	
Participant's Address: Hc 2 Box 5277 Comenio,		1782
Participant's Email Address: rodriquez matosvosa log mai	l . Com	
Name of Counsel:	Assessment of the second	
Address of Counsel:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Email Address of Counsel:	-	
2. Participant's Claim number and the nature of Participant's Claim	m:	
Claim Number: 179017		
Nature of Claim: Public Employee and Pension/	Retire	
By: Bosa M Robrigue motos		and the second
Rosa M. Rodriguez Matos Print Name	971 SEP 22	U.S. DISTI
Title (if Participant is not an individual)	PH 5	SOT COL
Date September 10, 2021	35	2



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Rosa M Rodriguez Matos HC 2 Box 5271 Comerio, PR 00782

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United States District Court Clerks Office 150 Ave. Courlos Chardon Ste. 150 San Juan, P.R. 00918-1762

MEMPHIS TN 380 (



SRF 55923

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Banen / - Lisajo Crespo
Participant's Address: P.O. Box 1079 San Sebastian, Proofs
Participant's Email Address: <u>Vamon lisozo 2 gmail.cam</u>
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No. 17 BK 3283 - LTS
Nature of Claim: Promesa Title III
By: Somon A frij Creye
Signature
Print Name Print Name
Time Ivame
Title (if Participant is not an individual)
9 de septiembre de 2021
Date Date
Instructions for Filing Notice of Doutisingtion, IS.

San Sebastian, F.B. 00685

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SRF 55923

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Bethraida Rosario Rivera
Participant's Address: calle 7-E-23 urb. Alt. de Penuela
Participant's Email Address: betsy 28310 gmail-com
Name of Counsel: Retirement System
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 178K3283-LT5
Nature of Claim: / Promesa III
By: B- Choair Ling
Signature
Bethzaida Rosario Rivera
Print Name
Title (if Participant is not an individual)
13/9/21
Date to the second seco

calle 7-E-23 Urb. AH. Jenuelas, Penuelas P.R.00624

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Pro se Notices of Participation Page 21 of 133

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

Participant's Name: Participant's Address: Participant's Email Address: Morinezmon Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: -BK-3566-LTS Nature of Claim: Title (if Participant is not an individual) Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

1.

if any:

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United States Court
Clarks Office Charden, St. 150
150 Ave. Carlos Charden, St. 150
San Juan, PR 80949



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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Manuelle Maring Brunguet
Participant's Address: A-3 Calle 2 Urb El Navanid, Levittown, TooBeja
Participant's Email Address: marinez maribella 12@gmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17-BK-3566-LTS
Nature of Claim: Refin
By: Marlule Mating Bonsqut Signature
Maribella Martinez Bonsquel Print Name
Title (if Participant is not an individual)
9/14/2021 Date

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San Juan P.R 00545

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Participant's contact information, including email address, and that of its counsel.

Participant must provide all of the information below in English:

if any:	
Participant's Name: Markelle Mating Br	requet
Participant's Address: A-3 Calle 1 Urb Ell	Verenjel, Tox Big P.R. 009
Participant's Email Address: martinez maribella 12@g	
Name of Counsel:	je.
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Part	ticipant's Claim:
Claim Number: 17-BK-3566-175	
Nature of Claim: Rohn	
By: Marshell Moting Bourguet	
Signature	AND SURFICIENT CONTROL CONTROL
Print Name Print Name	
1 int ivanic	23
Title (if Participant is not an individual)	
9/10/2021	C)
Date	9

Urb. El Naraja Toa Bejappe 00949

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Participant must provide all of the information below in English:

	ontact information, including email address, and that of its counsel,
if any: Participant's Name:	Maribella Martinez Bousquet A-3 Calle 2 Urb. El Noranja, Levittown, Toa Baja P.R.
Participant's Address:	A-3 Caile 2 Urb. El Novanjal, Levitoun, Toa Bej 20942
Participant's Email Address:	mortnezmaribelle 12 @gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17-BK-3566-LTS
Nature of Claim:	Rann
By: Marilule Marin	y Bousqut
Signature Maribelle Mark Print Name	mez Bousque
Title (if Participant is	not an individual)

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Pro se Notices of Participation Page 29 of 133

Participant must provide all of the information below in English:

 Participant's contact information, including email address, a if any: 	nd that of its counsel,
Participant's Name: Naulelle Marting Bousquet	
Participant's Address: A-3 Calle 1 Urb. El Naranjal To	De Beja, P.R. 00949
Participant's Email Address: martinezmeribelle 12 @gmail-com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim Number: 11-BK-3546-LTS	laim:
Nature of Claim: Retin	
By: Manhelle Motors Boungal	
Maribella Martinez Bousquet Print Name	SALLS SALLS
	22 July 1870
Title (if Participant is not an individual)	里 電音
9/10/2021 Date	5: 22
Date	240

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Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

if any:					
Participant's Name:	Maribelle 1	Martinez			
Participant's Address: Participant's Email Address:	A-3 Celle 1	Urb El Non	ingel Levittoun;	Too Bgo	P.R. 949
Participant's Email Address:	mertinerme	eribelle 12 @	gmail.com		
Name of Counsel:					
Address of Counsel:					
Email Address of Counsel:					
Claim Number: Nature of Claim:		the nature of P	articipant's Claim:		
Signature Moribele Mod Print Name Title (if Participant is 9 4 202 Date	inez Bousqui			SEP 22 PN 5: 24	SALE SALES

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	111111 7 6	
Participant's Name:	Marbella Martinez Bousquet	- n
Participant's Address:	A-3 Calle 1 Urb. El Naranja, Levittown,	100 18610
Participant's Email Address	martinez maribula 12@ gmail. com	-3.
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		-
2. Participant's	Claim number and the nature of Participant's Claim:	
Claim Number:	17-BK-3566-LTS	
Nature of Claim:	Rdin	
By: Manfulle Nation	as Bourguet	
Signature	, 5 1	
Maribella Mai	HINEZ Bousquit	SOM A
Print Name		
	12	
Title (if Participant	is not an individual)	337
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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 35 of 133

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	420
Participant's Name:	Ting Donguet
Participant's Address: A-3 Calle 1	Urb. El Novanja, Levittown, Ton Baja 0094
Participant's Email Address: markinez marie	sella 12 e gmail-com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and th	e nature of Participant's Claim:
Claim Number: 17-8K-35	566-LTS
Nature of Claim: Refin	
By: Signature Maters Bourquit	
Signature Maribella Martinez Bousquit	22
Print Name	
Title (if Participant is not an individual)	5. 20 Tan
9/14/2021	
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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Herminia Devarie Cora Participant's Name: HC-1 Boy 5603-Arroyo, P. R. 00714 Participant's Address: Participant's Email Address: maquis devarie 8 gmail-com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 171826 Claim Number: Nature of Claim: By: Title (if Participant is not an individual) de Septionbre 2021

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ir any:	
Participant's Name:	Evelya Gonzalez-Oztiz
Participant's Address:	4125 W. Pine Ridge Blud Beverly Hills F
Participant's Email Address:	deaevelyngonzalez @ hotmail com
Name of Counsel:	None
Address of Counsel:	Nice
Email Address of Counsel:	·.
2. Participant's C Claim Number: Nature of Claim:	aim number and the nature of Participant's Claim:
By:	
Signature Evelyo Gon	zalez-Orotiz
Print Name	
Title (if Participant is r	ot an individual)
8/12/21	
Date	



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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: EVA dizardi Kodi	riquez
Participant's Name: EVA Sizardi Rodi Participant's Address: 1482 Ave. F.D. Roosevelt Apt	1105, San Juan PR 009
Participant's Email Address: evai lizardia hotmail.com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's	Claim:
Claim Number: 17 - BK-3566-4.75	
Nature of Claim: ERS	
By: Signature	
EVA Lizardi Rodniquez	8 - 3
Print Name	S SOF
Title (if Dominiment is not on individual)	23
Title (if Participant is not an individual)	
Date	20

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Son Juan, Duerto Rico 00920

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Auc. Carbs Chardon Ste. 15.

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

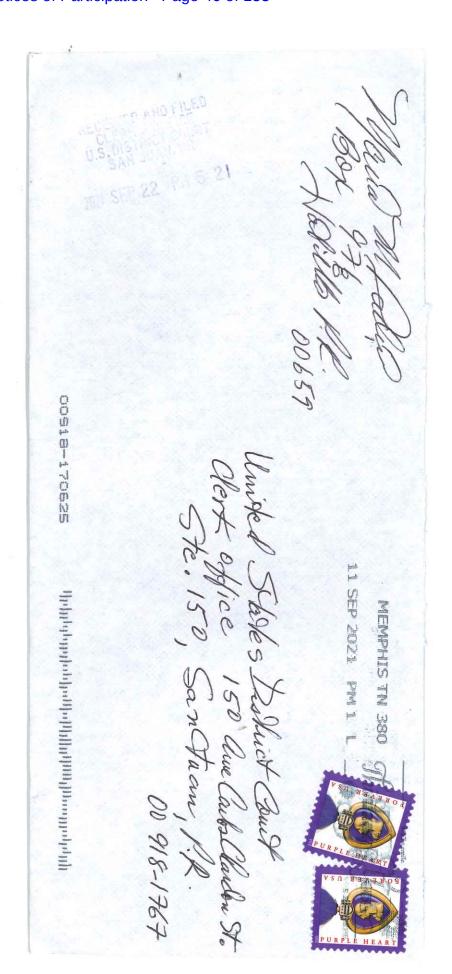
if any:	,				~:a	
Participant's Name:	Fadin	Policy	uez,	Maria	Ц.	
Participant's Address:	P.D. B.	ox 976	de	fillo	P.L.	00659
Participant's Email Address:	made	Podicy ox 976 ú 1230	@ gx	nail. Co	321.	
Name of Counsel:			· · · · · · · · · · · · · · · · · · ·			<u></u> '. :
Address of Counsel:						
Email Address of Counsel:						
2. Participant's	Claim number a	and the nature o	f Participant	's Claim:		
Claim Number:		=144				<u></u>
Nature of Claim:	Public	Limpbys	and p	Densien	Ker	rie
By: Messer Y	Malle	H .			Clar	res
/Signature		7.0				
<u>Mayia 99.</u> Print Name	Padin X	ouignez			t. +	15 p.a.s. 16 p.a.s. 17 m.a.s.
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Title (if Participant i	s not an individ	ual)				
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Date					100	

00918-170825 1141414141414141414141414141414141 MEMPHIS TN 380 Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		_			
Participant's Name:	Padin	Lodria	uez,	Maria	1.
Participant's Address:	P.D. Bo	Rodrig x 976	Hatil	10 PX	0.0065
Participant's Email Address:	m padin	1230 (a, gm	ail el	m.
Name of Counsel:			V		
Address of Counsel:					
Email Address of Counsel:					
2. Participant's	Claim number a	nd the nature of P	articipant's	Claim:	
Claim Number:	1292	L79			<u> </u>
Nature of Claim:	Public &	mploys on	d sen	sion/le	· Vice
By: Marla M	Jadio a	18	. •		laus
Signature	adiv Foo	Discore		•	
Mayica M. 1 Print Name	can to	urgees			
	vidual	war-			
Title (if Participant i		ıal)	•		
09-02 Date	5-2021				



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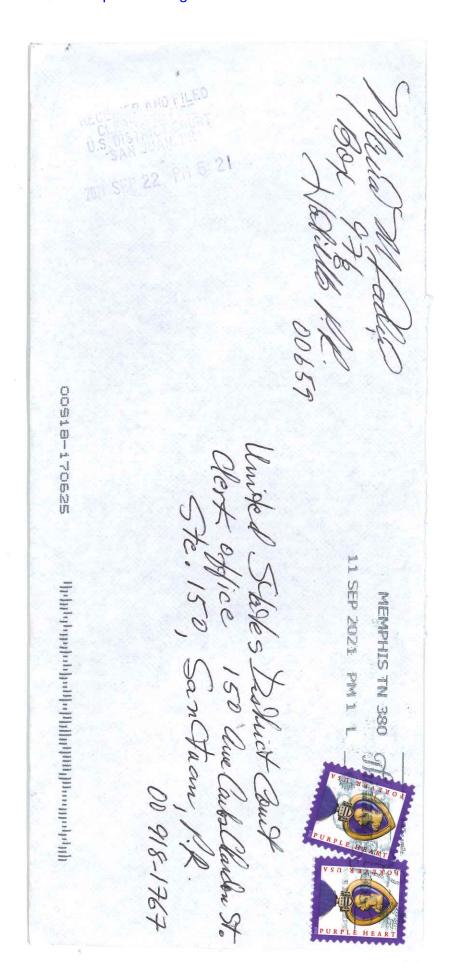
Pro se Notices of Participation Page 47 of 133

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Padin Polityur Havia H
Participant's Address:	P.D. Box 976 Hatillo PR. 00159
Participant's Email Address:	maden 1230 @ gmail com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
Claim Number: Nature of Claim: By: Signature	not an individual)
	2021



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

Date

if any: MILDRED RIVERA JUSINO Participant's Name: URB LAS VEGAS, D-31 AVE FLOR DEL VALLE CATHOO, PR 00962-6505 Participant's Address: Participant's Email Address: arcoiris 24@ YAHOO. com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 105929 155678 Claim Number: Nature of Claim: RETIREMENT By: MILDRED RIVERA Print Name Title (if Participant is not an individual)



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: TarmenPura Rodriquez Solis Participant's Name: 355 Calle Galileo-Apt 5-D Cond Johns I ; San Juan 00927-Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: NO. 17 BK 3283 -LTS Claim Number: Nature of Claim: Title (if Participant is not an individual)

Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Pro se Notices of Participation Page 52 of 133

San Juan, AR. 00927

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Pro se Notices of Participation Page 53 of 133

Participant must provide all of the information below in English:

if any:	ct information, including email address, and the	
Participant's Name:	ancisco A. Rodríguez Alica	ea
Participant's Address: Urb (ancisco A Rodríguez Alica Costa Sur Calle Mar Caribe-Blo	que D #6 Vauco, PR
Participant's Email Address:		/ 66898
Name of Counsel:		. I
Address of Counsel:		
Email Address of Counsel:		
2. Participant's Claim	n number and the nature of Participant's Claim:	
Claim Number:/	105946	
Nature of Claim:	pto. Education - División Con	nedor Escolar
By: Frances a K	/	
Signature		
Francisco A. Roc	dríquez Alicea	and the state of t
Print Name	0	SCC
		89 2 85
Title (if Participant is not as	an individual)	13 EB35
6-sept. 2021		
Date		41 75

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 55 of 133

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Edison Uega Uega

Print Name

P. O. B. o. N. 1516 J. Diga Phoores

Title (if Participant is not an individual)

Og- og- Qo Qo

Post

Quez, P.R. 00795 00910-170525 راد برواد المراد الإفراد الراد المراد الم PR 00918-1767

Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc: Pro se Notices of Participation Page 57 of 133

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	
Participant's Address:	
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	Sentimone
Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not a	an individual)
Date	

Fin 5: 22

Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Pro se Notices of Participation Page 59 of 133

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel	,
if any:	
Participant's Name: Mallin S. Clay Clapmin	11
Participant's Address: Calle derring Bus # 600 les Ville	aft
Participant's Email Address: Sidehap & Instract Com	DO.
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	-
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 3283	<u>.</u>
By: Signature Print Name Title (if Participant is not an individual)	
Date	

13/08/2021

Saludos,

En días recientes he recibido varias cartas en referencia a las reclamaciones realizadas, me encontraba de vacaciones fuera de Puerto Rico y no es hasta hoy que lleno los formularios y los envió, he llamado en varias ocasiones al número de teléfono que aparece bajo la reclamación 45153 1-844-822-9231, las personas amablemente me dan información, pero tengo varias dudas ya que con esta reclamación nos han solicitado varia información y la hemos enviado.

Es una reclamación ganada antes de la demanda y la agencia la entro en la ley de quiebra y no nos ha pagado la misma, querella la cual ya habíamos ganado y nos encontrábamos en espera de determinar el monto a pagar.

Me gustaría si pudieran darnos más información se lo agradeceré.

Se pueden comunicar al 787-203-5477 Dirección: Calle Domingo Cruz 620 Urb Villa Prades San Juan PR 00924

Respetuosamente

Sandra I. Diaz Chapman

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 62 of 133

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

	if any:	*		1	(Empleadu)
Partic	ipant's Name:	Jose	1. Vego	ctorr	es'
Partic	ipant's Address:	P. O.	BOX1516	Juga Die	3 PR 0029
Partic	ipant's Email Address:	*			
Name	of Counsel:	×			-
Addre	ess of Counsel:				
Email	Address of Counsel:				
	2. Participant's C	laim number and the	e nature of Participan	t's Claim:	
Claim	Number:	- Marine.			-
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By:					/F-
77.5	Signature				
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	Title (if Participant is	not an individual)			3 136
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	Date				10.

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 64 of 133

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Iraida Vega Colon Participant's Name: P.O. BOX 1516 Juona Dias PR 00795 Participant's Address: Participant's Email Address: _ Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Iraida Vega Colón Title (if Participant is not an individual) 09-09-2021 Date

fleide Oega Colón

D. O. BOX 1516

Lean Rioz, PR. 00795

Clard

Carl

Jan

Cont

WOLFEL TITLAHSAN

PH 5. 22

FOREVER / USA

Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 66 of 133

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: donsso Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)

Doris V. sote trizary

Box 102 Lares, P.R.

Box 102 Lares, P.R.

Jerk's office 150 Ave. Carlos Chardon Ste. 152 San Juan, P. R. 00918-1767

Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Pro se Notices of Participation Page 68 of 133

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1.

if any:

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Participant's Name:	Norma Rodriguez Cintron
Participant's Address:	Urb. Las Flores calle 4-I-8 Juana Diaz P. Roongs
Participant's Email Address:	
Name of Counsel:	NIA
Address of Counsel:	NIA
Email Address of Counsel:	NA
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	122098, 50843
Nature of Claim:	Claim for money owed for years of service as a teacher of Intermediate Level Spanish in the
By: Norma & Signature	Education Department of Puerto Rico.
Norma Rodnic	quez Cintron
Print Name	
NIA	
Title (if Participant is	not an individual)
edii <u>miyat ridax se</u>	
Date	
instructions for Filing Notic	e of Participation: If you are represented by counsel, this Notice
. 1 201 1 1 1 1	January of the state of the sta

must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Norma Rodriquez Cintron 30/16 4-I-8 Jrb. Las Flores

Merk's Office 150 Ave. Carlos Chardon Ste. 150

Juan, P.P. 00918-1767

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

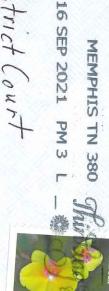
if any: Participant's Name: Estancias de Juncos 127 Camino de Participant's Address: Participant's Email Address: _ana 0141 @. Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)

Juncos, P.K.00777 Estancias de Sunces 127 Camino de la Colina AnaG. Robles Morales San Juan, P.R. 00918-1767

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150 Ave



Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc: Pro se Notices of Participation Page 72 of 133

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Erwelinder Rema Ganzaly
Participant's Address: Unb. he Vigo Colle A#34, Villelle PR 00164
Participant's Email Address:
Name of Counsel: BERNARDO Vignor Mentileo
Address of Counsel: 27 Cull Kung Chura, Villatha, PR 00166
Email Address of Counsel: tobias law 50 Plive, com
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 1) BK-3285 LTS
Nature of Claim: Promest Title III
By: C. Rivera
Signature (O
Exmelin de Revera Rong eleg
Print Name 0 0
1 Police of the second of the
Title (if Participant is not an individual)
13-09-2021
Date

Box 543- Punto Rica, 00766 Dan Juan, Lieto Rico 00918-1767

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Pro se Notices of Participation Page 74 of 133

Participant must provide all of the information below in English:

1. Participant's of if any:	contact information, including email address, and that of its counsel,
Participant's Name:	Daisa Quintana Velazquez
Participant's Address:	Palacios Reales 179 Zuzuela St. Toa Al
Participant's Email Address:	ladyquintana@gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	Activities and the second
Nature of Claim:	
By: Maisy Yeta Signature	Tana
Daisy Qui	ntana Velazquez
Print Name	
Title (if Participant is	not an individual)
13- renteni	60x 2021
Date	
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United States District Court

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San Juan PR 20918-1767

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Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:	. ~ _	ž	•	
Participant's Name:	Milagros Cotto -			×
Participant's Address:	PO BOX 1112 6	urabo, PR	85500	
Participant's Email Address:	milly 1692 @ hotm	ail. Com		5
Name of Counsel:			*	
Address of Counsel:		E		
Email Address of Counsel:				
2. Participant's	Claim number and the nature of Pa	eticipant's Claim:		
Claim Number:	56486			-
Nature of Claim:	503 (b) (9) Admin	Priority		
By: Signature				USU
(C)	otto zavala.	a a	15 22	DISTRIC
20		8 * 0 #	70	-8
Title (if Participant	is not an individual)		\(\frac{1}{2}\)	20
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Milagros Cotto P. O Box 1112 Curabo, P. R. OO778 Courts Clerks office United States District Court Clerks Office 150 Ave. Courts Charden Ste 150 San Suan, P. R. 00918-1767

Case:17-03283-LTS Doc#;18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 78 of 133

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

	if any:	, ,		ž A
Participa	ant's Name:	Milagros Cotto Zavala		
Participa	ant's Address:	PO Box 1112 Gurabo	PR 00778	
Particip	ant's Email Address:	milly 1692 @ hot mail. C	om	8
Name o	f Counsel:			ē
Address	s of Counsel:			2 ⁶ b 12
Email A	Address of Counsel:			
	2. Participant's (Claim number and the nature of Participant's C	laim:	
Claim l	Number:	56635	•	8
Nature	of Claim:	503(b)(9) Admin Prio	rity	8
By:	Math-	· · · · · · · · · · · · · · · · · · ·	(min)	<u> </u>
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	Print Name	10 200 1012	23	
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	Title (if Participant is	s not an individual)	55.22	2 - (
£	50 08 0 Date	# # # # # # # # # # # # # # # # # # #	7. MM	

P. 0 Box 1112 Gurabo, P. 2.0078

MEMPHIS TN 380 G

Jourts Clerks office.

United States District Court Clerks
150 Ave. Courles Charden Ste 150

San Juan, D. R. 00918-1767

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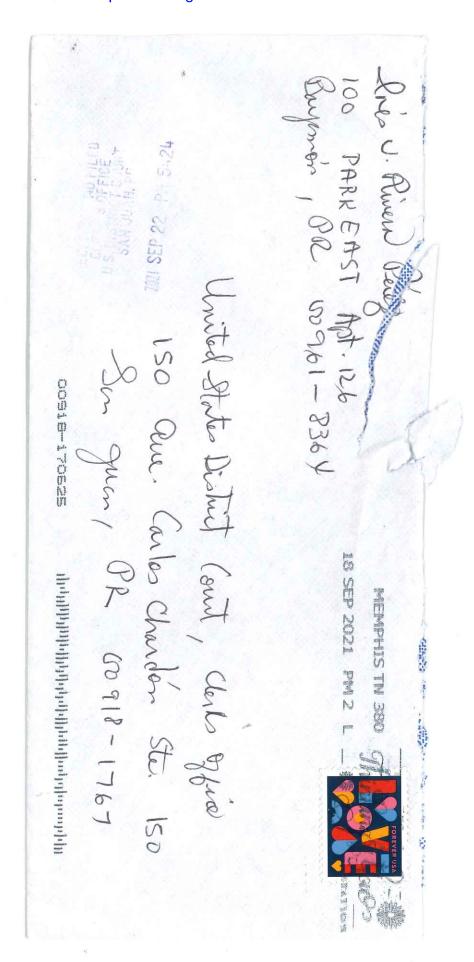
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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

2	/	1	
Rivera Per	rev, In	les V.	
100 PARKET	AST AP	t. 126 8	ayamon, PN
vriverallo8@	g mail . co	m	1 00961-8364
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laim number and the n	nature of Partici	pant's Claim:	
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eva Pevez			S S S S S S S S S S S S S S S S S S S
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	laim number and the no 1489 57 Law 89 Devez Lever Perez	laim number and the nature of Particip 148957 Law 89 Carlos Devez Leva Perez	Derez Leva Perez

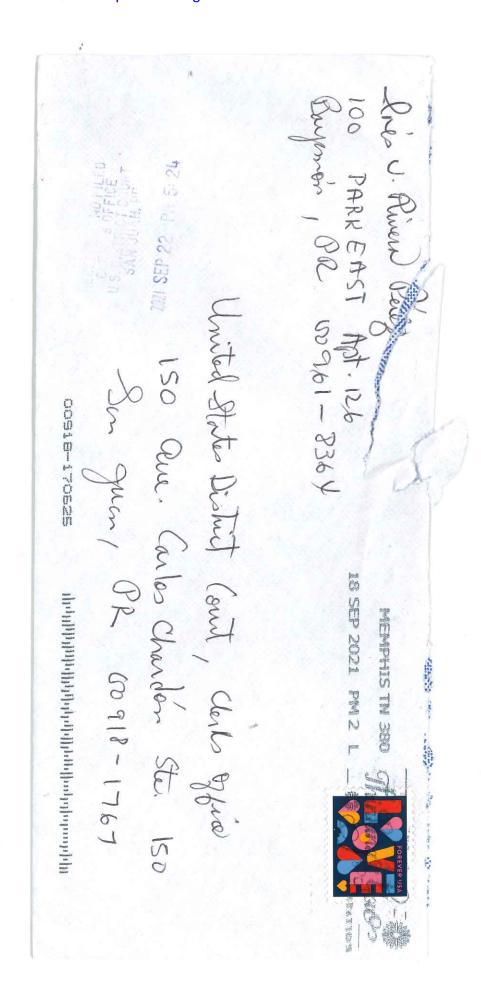


Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Rivera Perez, INES V.
Participant's Address:	100 PARKEAST ATT-126 Bryamon, PR 60961-836
Participant's Email Address:	vrivera1608@ gmail. 60m
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's 0	Claim number and the nature of Participant's Claim:
Claim Number:	164385
Nature of Claim:	Law 173 Anibal Acevedo Vila
By: Les U- Piner	N Perezue in money ex les un sur en porte un vier en
Signature	
INES V. Rive	era Perez
Print Name	
Title (if Participant is	s not an individual)
September 10,	202)



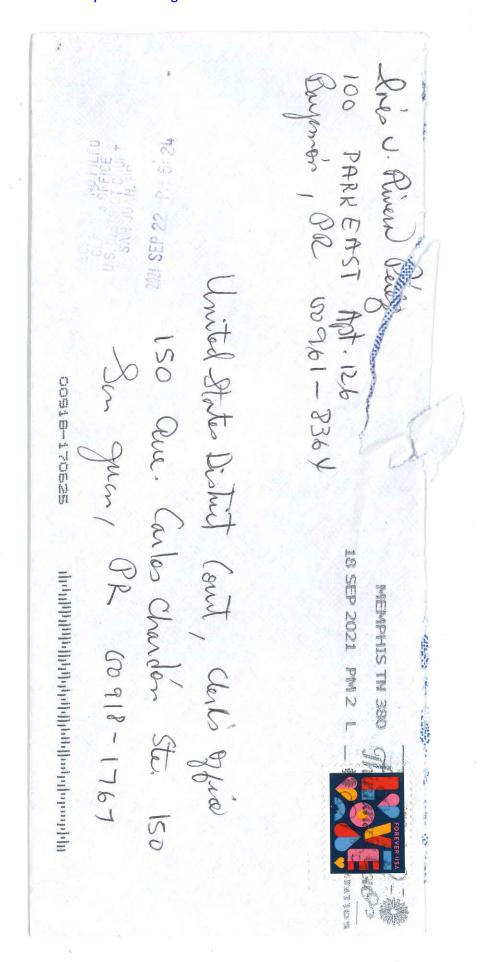
Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc: Pro se Notices of Participation Page 84 of 133

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	•	100		
Participant's Name:	Rivera	Perez, I	nes V.	
Participant's Address:	100 PA	RKEAST	Apt. 126	Buyamos
Participant's Email Address:	vrivera 160	8@ gmail		· 00°
Name of Counsel:		J		
Address of Counsel:		A P		
Email Address of Counsel:				
Participant's C Claim Number:	laim number and	the nature of Partic	cipant's Claim:	
Nature of Claim: By: Signature I'ves V-R Print Name Title (if Participant is:	ive von Pere	No Sila	Calderon ISI SEP. 22 PM 5: 24	NECEIVED AND FILED U.S. DISCHOOL FORT



Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc: Pro se Notices of Participation Page 86 of 133

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	*				
Participant's Name:	Roberto	Lopez	Arrayo		
Participant's Address:	Residencial	Juana	Martos EDIA	T#58.	Apt 53
Participant's Email Addre			J ,	1	
Name of Counsel:	Not ver	oresunt	ed by con	wse!	
Address of Counsel:					
Email Address of Counse	:	restrict			
2. Participant	t's Claim number and	the nature of	Participant's Clair	n:	
Claim Number:	43809	<u> </u>			
Nature of Claim:	Pension/	Retire	e		-
By: Kabertol	The Armyo				-9-
Signature	1 - 1	0		100	SOC
Roberto	Lopez Arm	70			至可是
Print Name				-	199
Title (if Participar	nt is not an individual)			Ų	三曼南西
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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: ta Calle 26 AB2 Bayanin, PR 00961 Participant's Address: Participant's Email Address: 160 Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Title (if Participant is not an individual)

Dayamin, PR 00961 Guzman Murioz lensita

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San Juan, PR 00918-1767

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 90 of 133

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Amanda M. del P. Gonzaler Figueroa

Participant's Address: Calle Santo Domingo # 12

Participant's Email Address: edmayra 616@gmail.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: Cemanda M. Del P. Hangales Figueroa Amanda M. del P. Gonzalez Figueroa Print Name Title (if Participant is not an individual) 4-Sept. - 2021

RECEIVED AND FILED CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN. PR

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Calle Santo Domingo #12 Vauco, PR 00698 Amanda M delP. Gonzalez Figueroa

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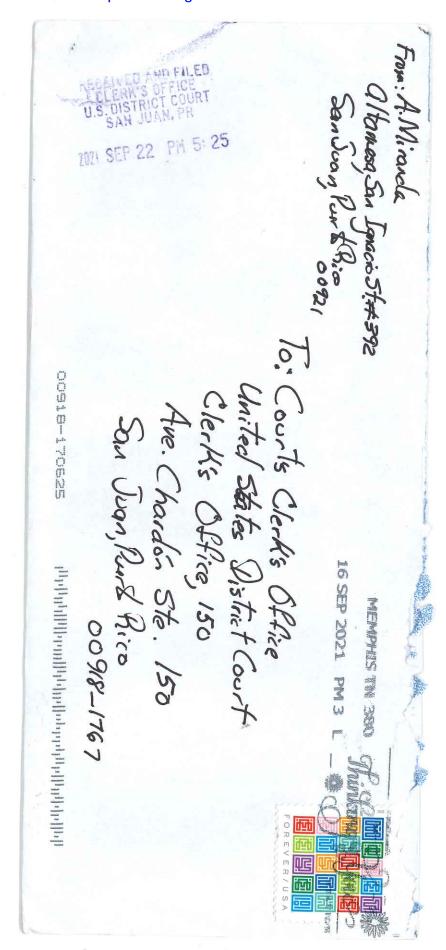
San Juan, PR 00918-1767 United States District 150 Ave. Carlos Chardon Ste. 150 Clerk's Office



Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc: SRF 55923 Pro se Notices of Participation Page 92 of 133

Participant must provide all of the information below in English:

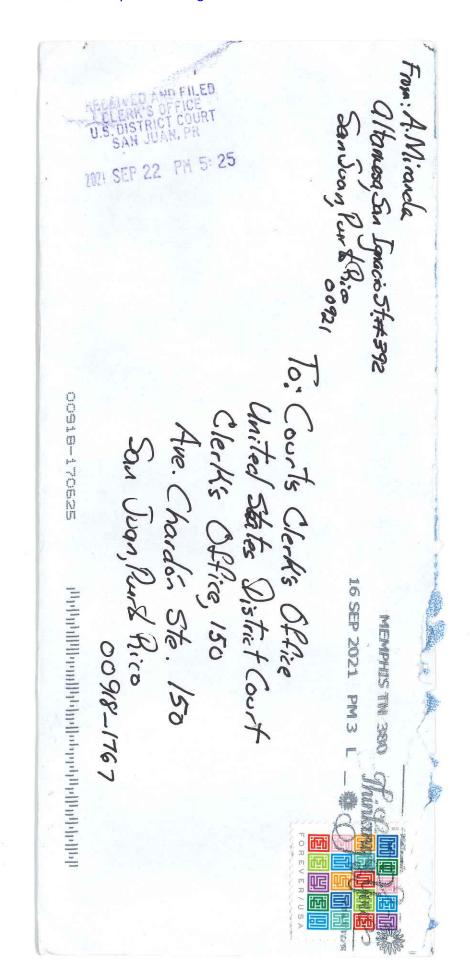
if any:	nformation, including email address, and that of its counsel,
Participant's Name:	igeles del Cerman Miranda Color 30 ALTAMESA # 1392 San Ignacio S
Participant's Address:	30 ALTAMESA # 1392 San Ignacios
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
Participant's Claim nu Claim Number:	imber and the nature of Participant's Claim:
Nature of Claim: By: Mugeles Mirow Print Name	ida Coloá
Title (if Participant is not an in 9 / Sept. /2 Date	ndividual) 2 ST



Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 94 of 133

Participant must provide all of the information below in English:

if any:	ontact information, including email at	actions, and that of its oou	11501,
Participant's Name:	Angeles del Carmen Urb Altamesa San Igni	Miranda Color	1
Participant's Address:	Urb Altamesa, San Ign	acio 5 f. # 1392,5.	J. P.R. 00921
Participant's Email Address:			
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:			
2. Participant's C	Claim number and the nature of Partic	ipant's Claim:	
Claim Number:	137196		u
Nature of Claim: By: Mugeles Mu Signature Mageles M	un Ol-		
Ingeles W	iranda Colón		0.80
Print Name		SEB	是是
Title (if Participant is		22 PM	1361 1361
Date 10/Sep/	1/2021	O.	"写"
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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Pro se Notices of Participation Page 96 of 133

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Federico Rodriguez Rodriguez Participant's Name: Estancia 1 Buzón 21 Cou. La Dolores Rio Grande, PR 00745 Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: NO.17 BK 3283 - LTS Claim Number: Employee's Retirement system Nature of Claim: Signature Title (if Participant is not an individual) 09/14/2021 Date

U D SEPP222 Ph. 5: 26

Federico Rodríguez Rodríguez Estación 1 Buzón 21 Comunidad La Dolores Rio Grande, PR 00745

Court's Clerk's Office United States District Court 150 Ave. Carlos Chardon

San Juan, PR 00918-1767



Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 98 of 133

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: Edith Mediavilla Mercado Participant's Name: CAlle FortuNato Vizcarrondo APT 5855 PR Participant's Address: Participant's Email Address: Edith Me diawille 03 6 Tchud. COM Name of Counsel: The COMMON WEALTH OF Paint Address of Counsel: Email Address of Counsel: Purtorico iNFO @ Primecler Kolon/ F Participant's Claim number and the nature of Participant's Claim: Claim Number: meson Title < 3283-LTS Nature of Claim: Signature Title (if Participant is not an individual) Date

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 100 of 133

Participant must provide all of the information below in English:

if any:	ontact information, including email agaress, and that of its counsel,
Participant's Name:	Maria Lina Montes Cordero
Participant's Address:	1507- Calle Monte Grande Manati, P.R. 00/694
Participant's Email Address:	
Name of Counsel:	No tengo ningun abogado
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Matia Line Print Name Maestra R Title (if Participant is	133587 Compensación por las leves 89-96-164 que no mefueron pagasas mientras estaba Montes Cordero Prestando los servicios. a Montes Cordero etirada (Junta Retiro Para Maesth) osto-2021
must be filed electronically w of Intent to Participate in Disc Commonwealth of Puerto Rice system on or before the applic	the of Participation: If you are represented by counsel, this Notice ith the Court on the docket using the CM/ECF docket event Notice covery for Commonwealth Plan Confirmation, in <i>In re</i> o, Case No. 17 BK 3283-LTS, through the Court's case filing cable deadline. If you are not represented by counsel, you may a Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 101 of 133

Participant must provide all of the information below in English:

 Participant's con if any: 	ntact information, including email address, and that of its counsel,
Participant's Name:	María Lina Montes Cordero
Participant's Address:	507-Calle Monte Grande Manatiff. R. 0067
Participant's Email Address: _	
Name of Counsel:	No tengo ningun abogado
Address of Counsel:	
Email Address of Counsel: _	
2. Participant's Cla	im number and the nature of Participant's Claim:
Claim Number: Nature of Claim:	133587 Tompensación por las leves 89-96-164 que no me fueron bagadas mientras
By: Maria Lina Signature	Mortes Cordera estaba prestando 105 servicios.
Print Name Maestra Title (if Participant is no	Montes Cordero Retirada (Junta Retiro para) otan individual) Maestros asto-2021
Date	

27- agosto-2021 A quien pueda Interesar Saludos Cordiales.

Deseo informatle que por Segunda Vez les envio esta información debido a que yo la envié en Carta Certificada y no recibi la contestación que les la tarjeta verde del correo firmada por ustedes como que recibieron dicha información.

Por tal razon la envio hue vamente, por segunda vez: ya yo la había enviado el 11 de agosto -2021. Y tengo la evidencia como que se las envie, adjunto copia de la evidencia.

Gracias por su atención.

Cordial Mente,
Maria Lina Hotes Cordero

92:5 Nd 22 des 17/5 07- Calle Monte Grande

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 104 of 133

Participant must provide all of the information below in English:

1. Participant's c	contact information, including email address, and that	of its counsel,
Participant's Name:	Anibal Ramos Pitre	
Participant's Address:	RRI BOX 37758 Sans	eb. P.Rootes
Participant's Email Address:	santaarvelog Vahoo. com	
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's	Claim number and the nature of Participant's Claim:	
Claim Number:	Claim of money #.1	1BK 3283-LTS
Nature of Claim:	Case 12'03283255	
By: Gerby Lan Signature	un Olite	
Anibol RA Print Name	amos Pitre	ES CERTIFICATION OF THE PROPERTY OF THE PROPER
		SAN
Title (if Participant is	s not an individual)	22
13 Septien Date	1 bre 2021	PH 5:2

CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR

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From Unibal Ramos Pitre RRI Box 27758 Sen Sebostian P.R.

To United States District court, clerks office; charden St. 150 ANE. Carlos Charden St. San Swan RR. 00918-1767

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 106 of 133

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Cruz Hernandez MARIA del Carmen Participant's Name: Estancias de la Parqueza #1 Lajas P.R.00667 Participant's Address: Participant's Email Address: C. acuario & yahoo. Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: A-7/11969 Claim Number: B-7116834 A-> Public Employ eciain B->public Employee And PENSION/RetiREE C/Aims Nature of Claim: By: Title (if Participant is not an individual) Septumbre 2 2021

Estancias dela LAJAS P.R. ODGET

maria del Cour

Multed States District Court, Plerk's OFFICE, ISOAUE. CANOS Chardon Ste. 180, SANJUAN PR 00918-1767.

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 108 of 133

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of	its coul	lisei,
if any: Dohovto Lopez Avrovo		
Participant's Name:	2 500	
Participant's Name: Participant's Address: Residencial TUANA MATUS EDIF#58 CATANO PR 00962	J AP	T 575
Participant's Email Address: Vober+10pez 051954@gmail-C	on	
Participant's Email Address: <u>Nobertlopez 051954@gmail-C</u> Name of Counsel: <u>Not represented by Counsel</u>	21	
Address of Counsel:		
Email Address of Counsel:		*
2. Participant's Claim number and the nature of Participant's Claim:		
Claim Number: 43809		
Nature of Claim: Pension 1 Retiree		
By: Bobento Lope Anoyo		
Roberto Lopez Arroyo Rint Name		5 7
Print Name	SEP	SALER SALER
	22	E STREET
Title (if Participant is not an individual)	TO	ACTOR I
September 10, 2p21	5: 27	DOG TO

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 110 of 133

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Hilda A. Nieves 7	tkrnander
Participant's Name: Hilda A. Nieves 7 Participant's Address: Chanta Ana E-25 Sa. Participant's Email Address: hilda nieves 09 07 Egma	ofa Elvira, Caquas PR
Participant's Email Address: hilda nieves 0907 @gma	il·com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant	
Claim Number: (17-03283) #[laim 123669-	118029-121044
Nature of Claim:	*
By: Kignature	
Hildal Nieves Hernandez	THIS CONTRACT
Print Name	U.S. D
Title (if Participant is not an individual)	P 22
9-5ept-2021	P 2005
Date	5. Z

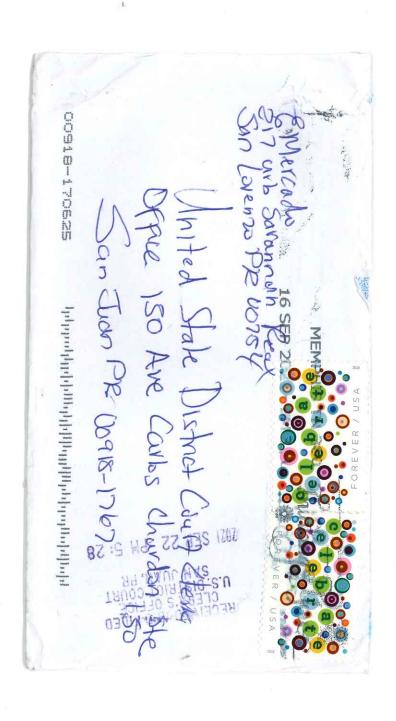
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lerkis Office , 150 Ave. san Luan, P.K oogle-1767

Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 112 of 133

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Evelyn Percado Prizario Santors
Participant's Address: 217 UIB Savaman Feat Pases Feat 007540
Participant's Email Address: emercodore edpunyers of edu
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim: / Acept deavento 8/2 pension
By:
Signature Test Signature
Print Name
N EEG
Title (if Participant is not an individual)
4 Sept 2021



Participant must provide all of the information below in English:

1.	-	ontact informa	tion, incl	uding emai	l address, a	and that of it	s counsel,
	if any:	0		1	1 1		1
Participant's	Name:	Carn	nen	Hayde	e Lu	go Kan	nirez
Participant's	Address:	HC-2	BO	308	355	Cabo	ROO!
Participant's	Email Address:	C-44	SINI	a y	ahoo «	com	
Name of Co	unsel:					,	
Address of C	Counsel:						100
Email Addre	ess of Counsel:						
2.	Participant's	Claim number a	and the n	ature of Par	ticipant's	Claim:	
Claim Numb	per:	EVER 10				28.1.2.7	The second
Nature of C	aim:	110		0			
By: * (arner	H. Lu	ego:	Kan	eres.		
Sign	ature	Haydee	1	Par	nirez	- 1111 - 112	Sale as a biling reso
Print	Name	Hayaee	24	lo How			c Z
						SEP	S.DI
Title	(if Participant is	not an individ	ual)			22	E REE
45	1 1	r 3, 21	20 B			_0	E SE
Date	THE)]				Ċ	明朝品
					1973	10	

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HC-2 BOX 30855 Cabo Rgi PL 00623 From: Carmen Lugo fainire

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Ave Carlos Chardon Ste. 150 Tuan PR 00918-1767

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Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 116 of 133

Participant must provide all of the information below in English:

	A series to the contract of th	
Participant's Name:	Héctor Luis Morales Kosario 882 FISI Country Club 4ta ext San Dum ava	
Participant's Address:		2
Participant's Email Ad	dress: himorales 6900 @gmail.com	
Name of Counsel:		
Address of Counsel:		
Email Address of Cour	sel:	
2. Participa	ant's Claim number and the nature of Participant's Claim:	
Claim Number:	PR 1845 SRF 55593 pack 10 244054	
Ciami i vamoei.		
Nature of Claim:		
Nature of Claim: By: Heile L	Had Rasio	
Nature of Claim: By: Heile L	Morales Resario	
Nature of Claim: By: Heile L	Morales Rosario SEP 22	
Nature of Claim: By: Hecle L Signature Hec for L Print Name Title (if Particip	eant is not an individual)	
Nature of Claim: By: Hecle L Signature Hec for L Print Name Title (if Particip	Morales Resario	

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882 FIJI 4ta ext. Country Chib San Quen PR 17924

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United States Distric Courts Clerk's office



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: 1 Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Title (if Participant is not an individual)

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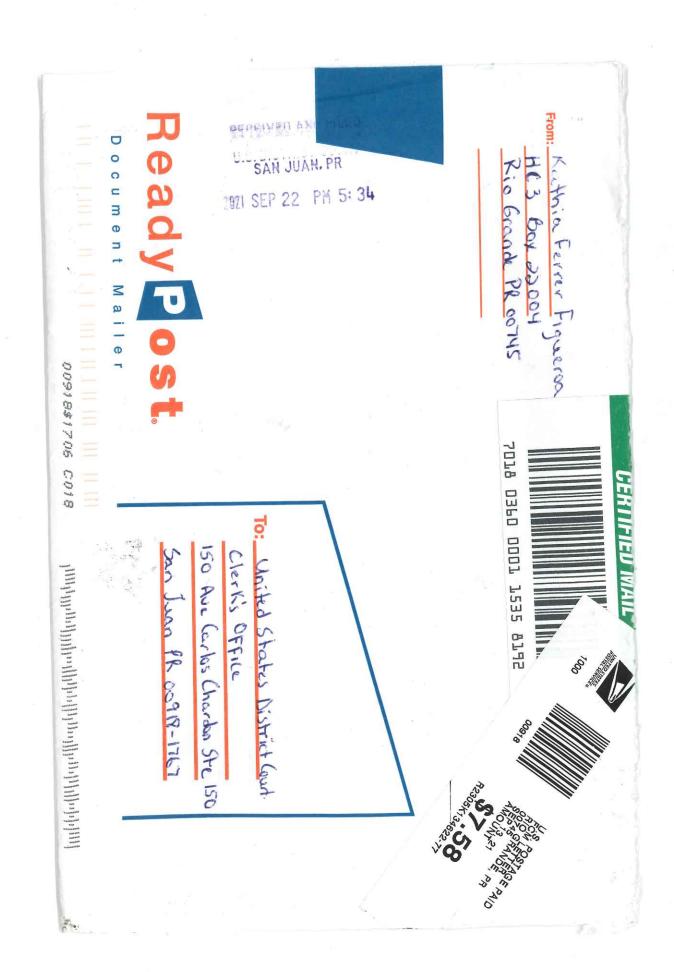
Pro se Notices of Participation Page 120 of 133

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Kathia Ferrer Figueroa HC3 Box 22004 Rio Grande PROOTYS Participant's Name: Participant's Address: Participant's Email Address: Kathiafurer fragmant com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 43633 Claim Number: PROHESA TAKITL Nature of Claim: Kathia Ferrer Piqueroa Title (if Participant is not an individual) 13-5004-21 Date



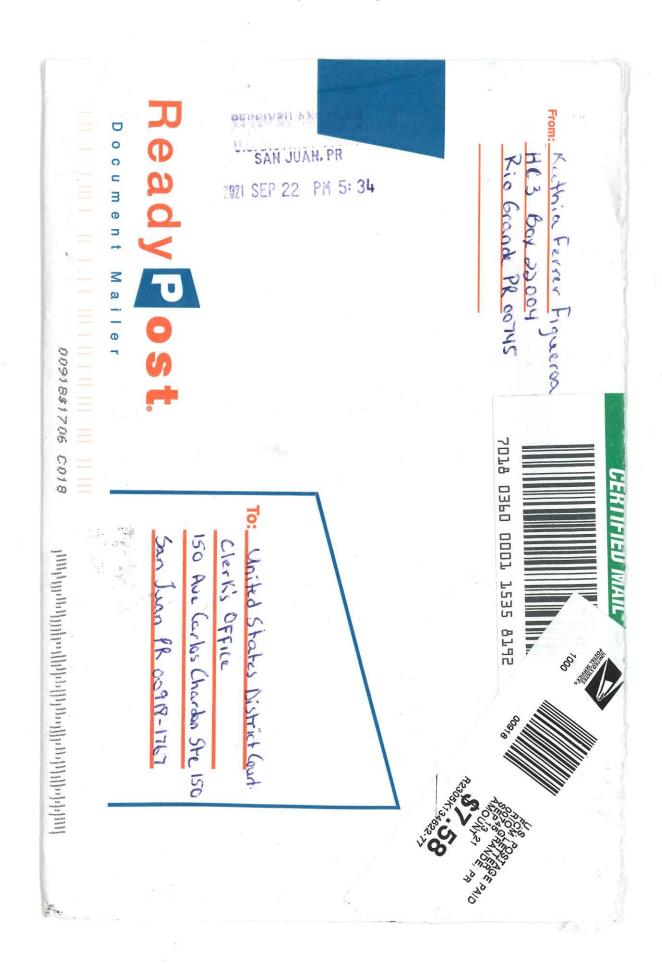
Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 122 of 133

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Kathia Ferrer Figueroa Participant's Name: HC 3 Box 22004 Rio Grande PROOTYS Participant's Address: Participant's Email Address: Kathia ferre from Lom Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 43633 Claim Number: PROMESA TITLE III Nature of Claim: By: Kathia Ferrer Title (if Participant is not an individual)



Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc: Pro se Notices of Participation Page 124 of 133

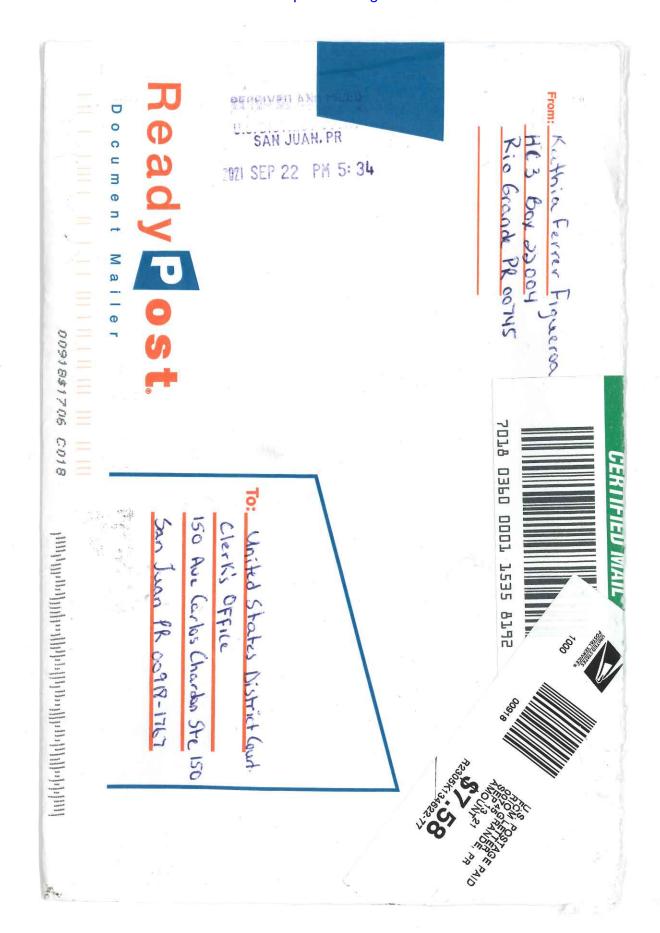
Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	Kathia Ferrer Figueroa	
Participant's Address:	HC3 Box 22004 Rio Grande	P.R 00745
Participant's Email Address:	Kathia Ferrer pr agmail.com	
Name of Counsel:		112
Address of Counsel:	<u></u>	1812
Email Address of Counsel:	LEGINGS	
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	43633	
Nature of Claim:	PROMESA Title III	
By: Kathio Jun J.	queixa	
Signature	THE THE POPULATION OF THE POPU	3 44
Kathia Ferrer	riguiroa	SEP SADE
Print Name	g to a recommendate to the state of the same of the sa	22 STR
*235.01 kg	Harter and the second and the second second	P 295
Title (if Participant is	not an individual)	ज इडिह
13-5cpt-21		요 국 [

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date



Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc: Pro se Notices of Participation Page 126 of 133

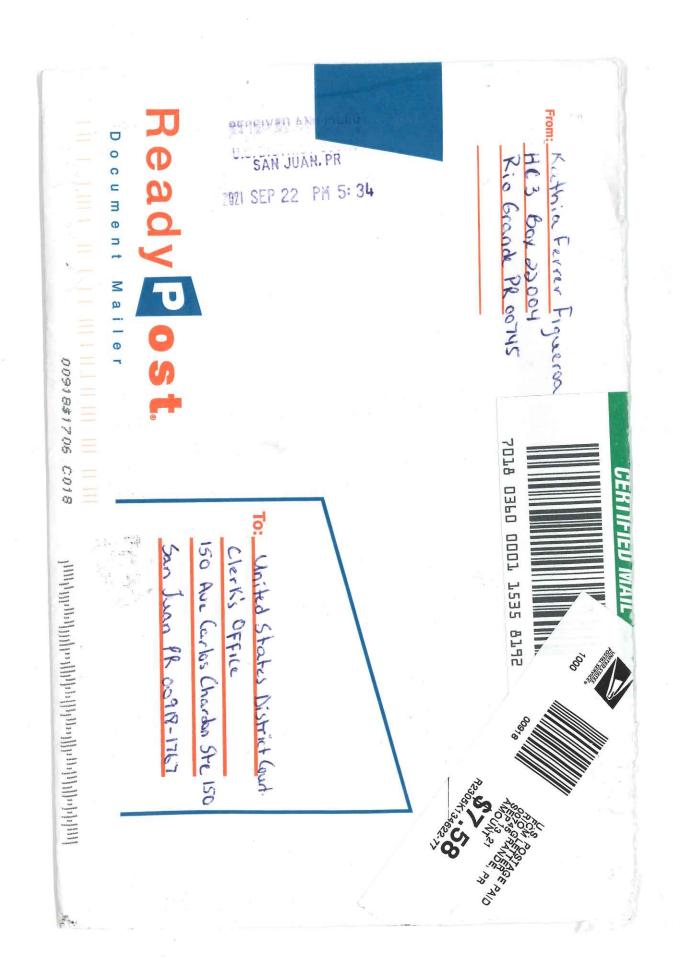
Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel,

if any: Kathia Ferrer Figueroa Participant's Name: HC 3 Box 22004 Rio Grande PR 00745 Participant's Address: Participant's Email Address: Kothia ferrerpragmail.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 43633 Claim Number: PROHESA TITLE III Nature of Claim: By: Signature Title (if Participant is not an individual)

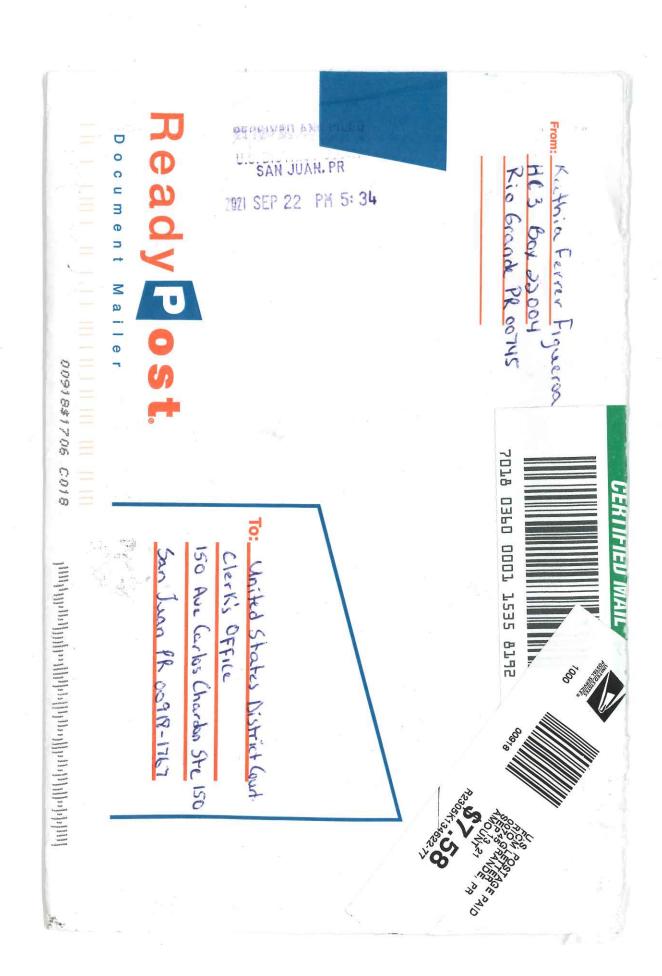


Case:17-03283-LTS Doc#:18219-1 Filed:09/23/21 Entered:09/23/21 10:23:04 Desc Pro se Notices of Participation Page 128 of 133

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

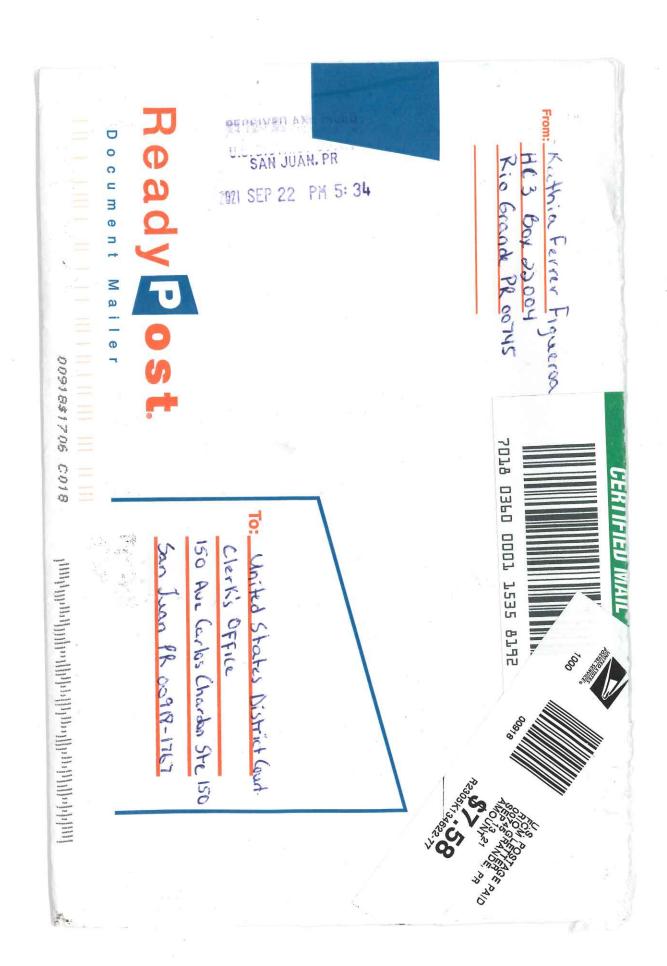


Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Kathia Ferrer Figueroa Participant's Name: HC3 Box 2204 Rio Grande PR 00745 Participant's Address: Participant's Email Address: Kothic ferrespragmail. Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 43633 Claim Number: PROMESA Title III Nature of Claim: Title (if Participant is not an individual) Çn Date



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: <u>Carmen Alicia Cabrera Rodriguez</u>
Participant's Address: Quintos de lis Cañas calle Alondra #21 Diaz
Participant's Email Address: Carmenalicia cabrera @ gmail com
Name of Counsel:
Address of Counsel:
Email Address of Counsel: N/A
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 106145 Claim for money owed for years of service as a
Nature of Claim: teacher of Arts Visual Education in the Education Department of Puerto Rico-
Signature Ormeo A Cabrero Padriquez Print Name
Title (if Participant is not an individual)
Date

DISTRICT COU SAN JUAN, PR 2021 SEP 22 arlos (·K. 00918-1767 hardon Ste. 150 16 SEP 2021 PM 3 Annual Control of Cont THEFT IS IN USO